

MISSOURI JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41259

State File No.

BIRTH NO.		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5580</u>		Registrar's No. <u>185</u>	
1. PLACE OF DEATH a. COUNTY <u>Wasper</u> b. CITY (If outside corporate limits, write RURAL and give name of town) <u>Rural-Township</u> c. LENGTH OF STAY (In this place) <u>3 MONTHS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rose Street</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wasper</u> c. CITY (If outside corporate limits, write RURAL and give name of town) <u>Waco</u> d. STREET ADDRESS (If rural, give location) <u>Rural-Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>Wilbur</u> c. (Last) <u>Gilbert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 17 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>17 Feb. 1881</u>		9. AGE (In years last birthday) <u>69</u>		10. AGE (In years last birthday) <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardener</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Florist</u>		11. BIRTHPLACE (State or foreign country) <u>Waco, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Michael S. Gilbert</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy McDonald</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Gilbert</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>499-09-8453</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Edith Starks</u>		ADDRESS <u>Waco, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophic Arthritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 week</u> <u>4.51x</u> <u>1 yr.</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 9</u> , 19 <u>50</u> , to <u>Dec 17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 17</u> , 19 <u>50</u> , and that death occurred at <u>11:15A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Stiles</u>		23b. ADDRESS <u>Asbury, Missouri</u>		23c. DATE SIGNED <u>12/19/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>20 Dec. 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waco Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Waco Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 26-50</u>		REGISTRAR'S SIGNATURE <u>R. L. Hutchins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hurlbut-Glover Mort. J. Stiles, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Stiles - Asbury, Mo.

RECEIVED 1-3-51
Sevier County Health Office
County File Number 50-12-968
Date Filed 1-3-51

JAN 5 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Lloyd E. McLeod
working under my personal supervision.

Student Embalmer No. 398

Student *Lloyd E. McLeod*
Student Embalmer

Signed

Dale Glover

Licensed Embalmer No.

4593

P. O. Address

Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.